

Government of the District of Columbia
2003 Schedule H SUB Homeowner
and Renter Property Tax Credit

039980210000

OFFICIAL USE ONLY

X Mark if this is your first return or if your address is different than your last return

Personal information Mark if you are: X 62 or older X Blind or disabled

Your first name AAAAAAAAAAAAAAAAAA MI. A Last name AAAAAAAAAAAAAAAAAA

Your social security number 999-99-9999 Spouse's social security number 999-99-9999 Your daytime phone number 999-999-9999

Mailing address (number and street) 99999AAAAAAAAAAAAAAAAAAAAAA Apartment number 99AAA
AAAAAAAAAAAAAAAAAAAAAAAAAAAAA

City AAAAAAAAAAAAAAAAAA State AA Zipcode 99999-9999

Address of property (number and street) for which you are claiming credit if different from above Apartment number 99999AAAAAAAAAAAAAAAAAAAAAA 99AAA
AAAAAAAAAAAAAAAAAAAAAAAAAAAAA

City AAAAAAAAAAAAAAAAAA State AA Zipcode 99999-9999

Type of property for which you are claiming credit. Mark only one: X House X Apartment X Rooming house
Complete either Section A or Section B, whichever one applies.

Section A Claim based on rent paid

Round cents to the nearest dollar.
If amount is zero, leave the line blank.

1 Total household gross income From line w (page 2). If over \$20,000, you cannot claim this credit. 1 \$ 999999999.00
2 Rent paid on this property in 2003 999999999.00 x .15 = 2 \$ 999999999.00
3 Property tax credit If under age 62 and not blind or disabled, use Table A. If 62 or older, or blind, or disabled, use Table B. 3 \$ 999999999.00
4 Rent supplements received in 2003 by you or by your landlord on your behalf If none, leave blank. 4 \$ 999999999.00
5 Allowable property tax credit Subtract line 4 from line 3. D-40 filers, enter this amount on line 30 of D-40 form. 5 \$ 999999999.00

6 Landlord's name AAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
Landlord's address (number and street) Apartment number Landlord's telephone number
99AAAAAAAAAAAAAAAAAAAAA 99AAA 999-999-9999
AAAAAAAAAAAAAAAAAAAAAAAAAAAAA
City State Zipcode
AAAAAAAAAAAAAAAAAAAAA AA 99999-9999

Section B Claim based on real property tax paid

If amount is zero, leave the line blank.

7 Total household gross income From line w (page 2). If over \$20,000, you cannot claim this credit. 7 \$ 999999999.00
8 DC real property tax paid by you on this property in 2003 8 \$ 999999999.00
9 Property tax credit If under age 62 and not blind or disabled, use Table A. If 62 or older, or blind, or disabled, use Table B. D-40 filers, enter the amount here and on line 30 of D-40 form. 9 \$ 999999999.00
10 Enter information from your real property tax bill or assessment. If a section is blank on your tax bill, leave it blank here.

Square number Suffix number Lot number
9999 9999 9999

Your last name
Your SSN.

AAAAAAAAAAAAAAAAAAAAA
999-99-9999

039980220000

Calculation of total household gross income *Report the total income of every member of your household, including any income not subject to DC tax.*

	You	Your spouse	Other household members
a Wages, salaries, tips, bonuses, commissions, fees	999999999.00	999999999.00	999999999.00
b Dividends and interest	999999999.00	999999999.00	999999999.00
c Lottery winnings	999999999.00	999999999.00	999999999.00
d Business income or loss	999999999.00	999999999.00	999999999.00
e Taxable and nontaxable portion of pensions and annuities	999999999.00	999999999.00	999999999.00
f Capital gain (loss)	999999999.00	999999999.00	999999999.00
g Alimony received	999999999.00	999999999.00	999999999.00
h Net rental income	999999999.00	999999999.00	999999999.00
i Social security and/or railroad retirement	999999999.00	999999999.00	999999999.00
j Unemployment insurance and/or worker's compensation	999999999.00	999999999.00	999999999.00
k Support money and/or public assistance grants	999999999.00	999999999.00	999999999.00
l Interest on U.S. obligations	999999999.00	999999999.00	999999999.00
m Disability income exclusion (from DC Form D-2440)	999999999.00	999999999.00	999999999.00
n Non-taxable portion of military compensation	999999999.00	999999999.00	999999999.00
o Fellowship and scholarship awards and grants	999999999.00	999999999.00	999999999.00
p Life insurance proceeds	999999999.00	999999999.00	999999999.00
q Veteran's pensions and disability payments	999999999.00	999999999.00	999999999.00
r GI Bill benefits	999999999.00	999999999.00	999999999.00
s Income subject to unincorporated business franchise tax	999999999.00	999999999.00	999999999.00
t Cash distributions	999999999.00	999999999.00	999999999.00
u Other <i>Specify.</i> AAAAAAAAAAAAAA	999999999.00	999999999.00	999999999.00
v Total gross income <i>Add lines a - u for each column.</i>	999999999.00	999999999.00	999999999.00
w Total gross household income <i>Add all amounts on line v, enter here and on correct line (1 or 7) on page 1 of this schedule.</i>	\$ 999999999.00		

Your last name AAAAAAAAAAAAAAAAAAAAAA
Your SSN. 999-99-9999

039980230000

Other members of your household List all people other than your spouse, whose income is included in the other household members column on page 2.

First name	M.I.	Last name	Social security number
AAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAA	999-99-9999
AAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAA	999-99-9999
AAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAA	999-99-9999

Signature Under penalties of the law, I declare that I have examined this return and to the best of my knowledge it is correct.
Declaration of paid preparer is based on all information available to the preparer.

_____ Your signature	_____ Date	_____ Paid preparer's signature	_____ Date
		_____ Paid preparer's FEIN, SSN or PTIN 999999999	_____ Paid preparer's phone number 999-999-9999

Physician's certification of blindness or disability If you are blind or disabled, you must have this certificate completed each time you claim the Property Tax Credit.

Claimant's first name M.I. Last name
AAAAAAAAAAAAAAAA A AAAAAAAAAAAAAAAAAA
Claimant's social security number
999-99-9999

I certify that the above named taxpayer (fill in all that apply):

☒ is blind ☒ has a physical or mental impairment that is expected to last continuously for 12 months or more ☒ was physically or mentally impaired on January 1, 2003

Physician's first name M.I. Last name
AAAAAAAAAAAAAAAA A AAAAAAAAAAAAAAAAAA
Physician's address (number and street) Apartment number
99999AAAAAAAAAAAAAAAAAAAAA 99AAA
City State Zipcode
AAAAAAAAAAAAAAAAAAAAA AA 99999-9999
Physician's signature Date

Definitions

Blind

Vision that does not exceed 20/200 in the better eye with correcting lenses, or vision that is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees.

Disabled

Unable to engage in any gainful activity due to a physical or mental impairment which can be expected to last for 12 months or more.